



Human Resources
Office

P.O. Box 1780
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January 1, 2013

Dear Healthcare Provider;

The City of Gulfport has an on-going **voluntary** wellness program. Our employee has scheduled an annual Wellness exam or health risk assessment with you to identify any potential health risks that he/she may have. Additionally, we are asking that you provide guidance to our employee to reduce any targeted risk factors that may be determined through this examination. At the City of Gulfport we believe so strongly in improving the health of our employees that we have implemented **an outcome-based premium reduction program** for employees who participate in maintaining their health through preventive medicine and lifestyle changes.

Your participation in assisting our employee in identifying health risk factors and recommending a plan of action that will assist this employee to start or continue to make healthy lifestyle changes is an important part of our employee's health and overall well-being. The identified **targeted risks** are: Tobacco usage, high cholesterol and glucose, high blood pressure, cancer screenings, depression, stress, obesity, weight management and diabetes. In order for our employee to be eligible for the premium reduction award, the attached form (**Initial Employee Wellness Verification Form**) must be completed and forwarded to our **Wellness Program Reviewer**. The forms can be mailed, faxed or delivered to **Medical Analysis Clinic** (fax #228.863-6762) by the employee.

INITIAL HEALTH GOAL FORM

Completed after medical evaluation, indicating specific health risk and collaboratively developing goal(s) and identifying appropriate referrals that will assist the employee in accomplishing their health-related goals. Must be completed no later than **May 30, 2013**.

PREVENTATIVE/ANNUAL WELLNESS EXAM-Age appropriate screenings are paid for at 100% with no co-payment, if no diagnosis is rendered.

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FOLLOW-UP WELLNESS VERIFICATION FORM

This form must be completed by you, the medical provider, or the Wellness Program Reviewer (Nurse Practitioner) at Medical Analysis Clinic, between **May 31, 2013 – August 30, 2012**.

The completed form **must** be provided to the Wellness Program Reviewer in order to be eligible for the Premium Reduction Program.

If you have any questions regarding our wellness program, please feel free to contact our Benefits Administrator, Lynn Hill at 228-868-5831.

Best regards,

Cheryl Millender

Cheryl Millender
Human Resources Manager